

# **WISCONSIN EPI EXPRESS**

## **December 20, 2002**

[Wisconsin Department of Health & Family Services](#)  
Division of Public Health  
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

*The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: [bostrhh@dhfs.state.wi.us](mailto:bostrhh@dhfs.state.wi.us)*

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### **1. Rationale and Criteria Required for Norwalk Virus Testing**

"Norwalk-like Viruses" (NLVs), a member of the family of human caliciviruses, are a common cause of outbreaks of gastroenteritis in people of all ages. NLVs are commonly associated with foodborne outbreaks attributed to ill food handlers and with person-to-person outbreaks in schools, nursing homes and cruise ships. Historically, the number of outbreaks of NLV-related illness reported in Wisconsin peaks in the fall and winter.

The illness is characterized by nausea with vomiting, diarrhea, cramps, body aches and chills. Children present most often with vomiting, and adults present more often with diarrhea. The typical incubation period of the disease is usually 24 to 36 hours, but may range from 10 to 96 hours. The illness is self-limiting and symptoms usually end in 2 to 3 days. There are no specific treatments for NLV infections other than rest and fluid replacement. Because of the large numbers of viral particles that can be shed and the low infectious dose (as few as 10 to 100 particles), NLVs are highly infectious and secondary cases of illness among family members is common.

Because of recent press coverage of NLV-related outbreaks occurring on cruise ships and in hospitals, there has been heightened awareness of these illnesses and a tremendous increase in requests for NLV testing for persons with gastrointestinal illness in Wisconsin. This has resulted in a large number of requests being made to the Wisconsin State Laboratory of Hygiene (WSLH) because it is the only laboratory in Wisconsin that performs the molecular test required to identify NLVs.

The Bureau of Communicable Diseases, Wisconsin Division of Public Health (WDPH) works closely with the WSLH to coordinate and approve the testing of stool specimens for NLVs. The only specimens that will be approved for testing have to meet the following requirements:

1. The specimens must be from a "defined" outbreak. This would be defined by the local health department or WDPH when two or more unrelated cases of gastrointestinal illness

occur from a common exposure. Sporadic cases are not tested because NLV illness is not a reportable disease. Further, the test for NLV is very time-consuming and expensive, and most illnesses will have resolved by the time the results return. In addition, there is no specific treatment, so there is little information of clinical value to be obtained from a positive test for an individual patient. However, testing does provide valuable information regarding the spread of NLVs during outbreaks.

2. The WDPH will cover the cost of the testing of up to 10 stool specimens under the “fee exempt” system set up for local health departments. The “fee exempt” testing resources has limited funds. Therefore the WSLH is limited to the numbers of tests that can be performed. Also, it is not necessary to test more than 10 stool specimens to identify the source of any outbreak, with the possible exception of outbreaks involving highly susceptible populations (e.g., hospitals), when contact investigation and timely application of control measures are critical.

For more information please call John Archer at (608) 267-9009 or refer to the WDPH Disease Fact Sheet: “*Norwalk and Norwalk-like Viruses*” on the Internet at:  
<http://www.dhfs.state.wi.us/healthtips/BCD/Norwalk.htm>

### **1.A. Large Outbreak of Suspected “Norwalk-Like Virus” in Alaska**

As we go to press, a large out break of flu-like gastroenteritis is being reported in hundreds of individuals in four separate communities in Alaska, and public health authorities there expect numbers of other cases to occur as a result of holiday travel and gatherings. At this writing, separate outbreaks have occurred at a Naval facility near Ketchikan, in a school in the same area, among the members of a dance troupe from Juneau, and a day care facility in Anchorage. The current outbreak was first reported in the daycare center in October, but the largest concentration of cases—at least 225—seems to be in the Ketchikan area. At this writing, only two cases have been laboratory confirmed as Norwalk virus, but public health officials are assuming the other cases are also caused by the virus, based on similar symptoms. The members of the dance troupe are suspected to have possibly been infected while on a ferry, but the conclusive sources and any epidemiological relationships among the outbreaks have not been determined by public health investigators at this time. Alaska has been the scene of recent outbreaks of Norwalk-like virus on cruise ships, but these have not been linked to the community outbreaks at this time.

We are providing this report to remind our readers that large outbreaks of viral gastroenteritis can occur quickly and unexpectedly in communities, particularly at times like the holidays when large numbers of people are brought into close contact. Food handlers, bartenders and waitresses should be reminded to wash their hands frequently and carefully, and those with gastrointestinal symptoms should not report to work. Similarly, other people with GI illness should be counseled to avoid holiday parties and gatherings.

### **1.B. Change in Nomenclature of “Norwalk-Like Viruses”**

Also as we go to press, we have received notification from the International Committee for the Taxonomy of Viruses (ICTV), as follows:

In the case of outbreaks attributable to caliciviruses, the commonly used designation “Norwalk-like viruses” will be replaced by the ICTV-approved genus name “Norovirus” The genus

Norovirus is one of 4 genera comprising the family Caliciviridae, and the type species of the genus is Norwalk virus.

## **2. Web-based CDC Smallpox Resource Kit**

CDC has developed a web-based resource kit, which contains the most current information about smallpox. This resources kit includes a number of materials that can be directly reproduced or may assist with the development of community-targeted materials. (Note: this kit links to only a partial listing of resources available on the CDC Smallpox Site. More resources can be found in the "In-Depth Information and Resources" section of the website.)

The Resource Kit can be found at:

<http://www.bt.cdc.gov/agent/smallpox/reference/resource-kit.asp>

Please bookmark this web address and refer to it as needed.

Additional key sites:

Smallpox Home:

<http://www.cdc.gov/smallpox>

Smallpox Basics Index:

<http://www.bt.cdc.gov/agent/smallpox/basics/>

Smallpox Basics Index in Spanish:

<http://www.bt.cdc.gov/agent/smallpox/basics/espanol/>

## **3. Increase in MSM Syphilis in the Southeast Region**

From January 1 through November 30, 2002, the SE Region STD Program has experienced an increase in early (less than one-year duration) syphilis cases involving men who have sex with men (MSM). During this period, a total of 21 early syphilis cases have been reported, treated, and interviewed. Seven cases were primary syphilis, four cases were secondary syphilis, and ten cases were early latent syphilis. Many of the cases were co-infected with HIV.

Sixteen cases were in Milwaukee County, three cases were in Waukesha County, and two cases were in Walworth County.

### **Cases of Early Syphilis in MSM in SE Region by Year**

1997	0
1998	4
1999	3
2000	4
2001	4
Jan – November 2002	21

Nearby cities such as Chicago, Detroit, and Minneapolis are experiencing outbreaks of early syphilis among MSM, as well as other cities such as Los Angeles, San Francisco, and New York. British Columbia and Ontario, Canada are experiencing the same trend. While the numbers of

cases in Southeast Region remain relatively low, the increase in cases signals a need to focus education and screening efforts to at-risk individuals.

#### **4. The Use of Raw Meat for Pet Diets**

FDA has recently announced the availability of draft guidance for industry on the manufacture and labeling of diets that contain raw meat, or other raw animal tissues, for consumption by companion animals (pets) and captive non-companion (zoo) animals.

The draft guidelines were prompted by the increased use of raw meat foods for carnivorous and omnivorous companion and captive non-companion animals by owners who may not be aware of the safety and nutritional issues involved, and to protect pet owners and pets from risks involving food safety and nutritional deficiency.

Diets for carnivorous and omnivorous animals containing raw meat or other raw animal tissues have been on the market for many years for use by zoos, mink farms, dog racing facilities, and other professional establishments. Some of these products may have included meat and other tissues from mammals or poultry that have died other than from slaughter or have otherwise been unfit for human consumption.

Although objective data derived specifically from commercial raw meat pet foods are sparse, the potential for risk to public health from such products is significant given the microbiological results from studies of ingredients that could compose such products, and the limited sampling of commercial raw pet foods.

The Division of Public Health urges caution in the use of raw meat as food for companion animals, and strongly discourages its use for animals owned by pregnant women or immunocompromised individuals. Such products can serve as sources of bacterial pathogens (e.g., *Salmonella*, *Campylobacter*, *Listeria*, *E. coli* O157:H7) as well as parasites (e.g., *Toxoplasma*, *Taenia* spp.) which can affect both humans and their pets.

The FDA draft guidance may be viewed on the Internet at <http://www.fda.gov/cvm>.

#### **Telephone Reporting of Unusual Disease Occurrences**

*Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting*

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